

Healthy People 2010 Goal: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population.

Nearly 54 million Americans nationwide are currently living with disabilities. This equates to about one in five Americans with “disability or limitation in major life activities because of physical, mental, or emotional conditions lasting 6 or more months” (1). Nationally, there has been a dramatic increase of interest in the health and wellness of people with disabilities. With the release of Healthy People 2010, disability secured a prominent place on the national health agenda. This national health initiative has two overarching goals, to:

- “Increase the quality and years of healthy life” and
- “Eliminate health disparities.”

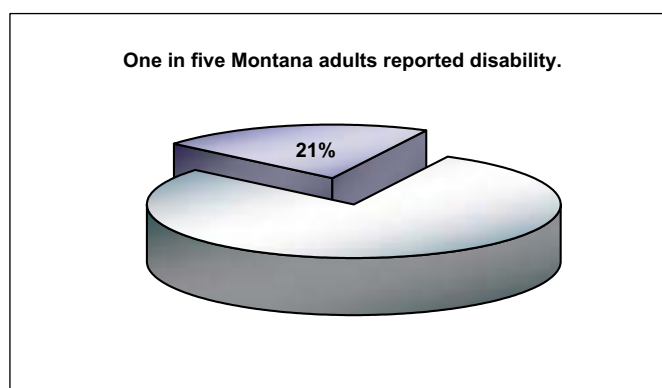
In 2000, for the first time, a separate chapter (Chapter 6) was created within Healthy People 2010 devoted to the health and well being of people with disabilities (2).

As our population ages with chronic health conditions and more young people survive birth- and injury-related limitations, disability increases. But, while people with disabilities make up 17 percent of the national population at any one time, they account for more than 47 percent of the total health care expenditures (3). There is now general agreement that prevention of secondary conditions should be a major component of health promotion for people with disabilities (4, 5). Secondary conditions of health are “those physical, medical, cognitive, emotional or psychosocial consequences to which persons with disabilities are more susceptible by virtue of an underlying condition, including adverse outcomes in health, wellness, participation, and quality of life” (6). More simply, a secondary condition is any condition to which a person is more susceptible by virtue of having a primary disabling condition. Secondary conditions encompass more than additional disease and include (7):

- Non-medical events (e.g. social isolation);
- Conditions that affect the general population, but which more greatly affect people with disabling conditions (e.g. obesity);
- Problems that arise any time during the lifespan (e.g. inaccessible mammography).

It is well recognized that the movement toward removing barriers facing people with disabilities rests on establishing a firm foundation of population surveillance, the measurement of disability prevalence within the population, and obtaining information about the impact of common secondary conditions of health. Of the thirteen objectives in Chapter 6 of Healthy People 2010, the first objective emphasizes the need to include a standard set of questions that identify “people with disabilities” in all data collection sets and surveillance instruments. The other objectives of this chapter of Healthy People 2010 deal mainly with assessing the impact of secondary health conditions of the disabled population and eliminating those disparities.

Figure 1. Prevalence of disability, Montana adults – 2003



Disability and BRFSS in Montana

The Centers for Disease Control and Prevention, Disability and Health Branch, has worked diligently since the mid-1980's on creating a multi-state disability surveillance system. Epidemiological goals are to assess the magnitude of disability in state populations, using existing survey instruments, with measurement based on the degree of functional limitation, rather than on specific etiology, diagnosis, or life stage characteristics of the disabled.

The Behavioral Risk Factor Surveillance System (BRFSS) has been the main source of state level estimates of health status and health risk behaviors of adults; the BRFSS complements surveys, such as the National Health Interview Survey (NHIS), that typically provide only national level health prevalence estimates. The Montana Behavioral Risk Factor Surveillance System (BRFSS) is partially funded by the Centers for Disease Control and Prevention and is a collaborative effort to provide self-reported health risk behavior data at the state level; this nationwide effort now includes all 50 states, the District of Columbia, and several territories. The Montana BRFSS is an ongoing telephone survey that assesses the health status and health risk behaviors of adults in Montana. The survey monitors the prevalence of health risk behaviors that are linked with the leading causes of death—heart disease, cancer, stroke, diabetes, and injury—and other important health-related issues.

Definition of Disability

In 2001, two identical disability survey items were included in the Behavioral Risk Factor Surveillance System (BRFSS) survey and the National Health Interview Survey (NHIS) in all fifty states. The two questions in the BRFSS core questionnaire establish the operational definition of disability and identify survey respondents with disability. Disability is defined as a “Yes” response to either or both of the following questions:

- “Are you limited in any way in any activities because of physical, mental, or emotional problems?”
- “Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?”

Since 2003, the Centers for Disease Control and Prevention, Disability and Health Branch, has included the above two-item disability module every year in the core section of the BRFSS questionnaire.

Purpose of this Report

The purpose of this report is to provide information about Montana adults with disability from the 2001 and 2003 Montana BRFSS. The health indicators highlighted in this report were selected because they were:

- Healthy People 2010 Leading Health Indicators closely related to disability and secondary health conditions (8);
- Primary conditions known to be associated with activity limitation in adults (9);
- Socio-demographic and health status indicators that describe the experience of Montana adults with disability.

This information is presented for the first time and establishes a baseline for future comparison. It is the intent of Montana’s BRFSS to add “disability as a demographic” to all future publications to more adequately explain Montana’s adult population and their health status and health risk behaviors. The disparities that exist between adults with and without disability in Montana speak for themselves in the following pages.